

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

ADDRESS (number and street)

333 S. WABASH

43-S

Check if different
than previously
reported. (ACC)

CHICAGO

IL

60604

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00078287

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2008

through

03

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Karen E. Melchert

Signature of Treasurer

Electronically Filed by Karen E. Melchert

Date

04

07

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		25248.23
(b) Cash on Hand at Beginning of Reporting Period	25248.23	
(c) Total Receipts (from Line 19)	16345.29	16345.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41593.52	41593.52
7. Total Disbursements (from Line 31)	37050.50	37050.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4543.02	4543.02
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1320.06	1320.06
(i) Itemized (use Schedule A)		
(ii) Unitemized	15025.23	15025.23
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	16345.29	16345.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	16345.29	16345.29
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16345.29	16345.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16345.29	16345.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	50.50	50.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	50.50	50.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	35000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2000.00	2000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37050.50	37050.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37050.50	37050.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16345.29	16345.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16345.29	16345.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	50.50	50.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	50.50	50.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Richard Ave Maria

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.14120

Amount of Each Receipt this Period

300.00

Contribution

B.

Full Name (Last, First, Middle Initial)

George Fay

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.14116

Amount of Each Receipt this Period

250.02

Contribution

C.

Full Name (Last, First, Middle Initial)

Michael Fusco

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.14119

Amount of Each Receipt this Period

270.00

Contribution

SUBTOTAL of Receipts This Page (optional)

820.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Craig Mense

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.14117

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

Thomas Pontarelli

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.14118

Amount of Each Receipt this Period

250.02

Contribution

SUBTOTAL of Receipts This Page (optional)

500.04

TOTAL This Period (last page this line number only)

1320.06

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)
BARNEY FRANK FOR CONGRESS COMMITTEE

Mailing Address PO Box 260

City State Zip Code
 Newtonville MA 02460

Purpose of Disbursement
 Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 04

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.14145

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 Old Dominion Drive
 Suite 222

City State Zip Code
 McLean VA 22101

Purpose of Disbursement
 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.14141

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
CITIZENS FOR ARLEN SPECTER

Mailing Address 255 SOUTH 17TH STREET

City State Zip Code
 PHILADELPHIA PA 19103

Purpose of Disbursement
 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: PA District: 00

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.14146

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ARTUR DAVIS TO CONGRESS, THE	Transaction ID: SB23.14126 Date of Disbursement																				
Mailing Address PO Box 1845	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	4		2	0	0	8												
City Birmingham State AL Zip Code 35201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER	Transaction ID: SB23.14142 Date of Disbursement																				
Mailing Address Post Office Box 1994	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	8												
City Union City State TN Zip Code 38281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) FRIENDS OF MARK WARNER	Transaction ID: SB23.14135 Date of Disbursement																				
Mailing Address 10 G Street, NE Suite 470	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	8												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF MAX BAUCUS

Mailing Address 818 Connecticut Avenue, N.W.
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: MT District: 00

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.14148

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF RAHM EMANUEL

Mailing Address P.O. Box 101124

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.14121

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

LEAVITT FOR CONGRESS

Mailing Address 549 N 400 E

City Nephi State UT Zip Code 84648

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: UT District: 03

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.14157

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial) **MELISSA BEAN FOR CONGRESS**

Mailing Address POST OFFICE BOX 3068

City BARRINGTON State IL Zip Code 60010

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: SB23.14122

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

B. Full Name (Last, First, Middle Initial) **NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address PO Box

City Batavia State IL Zip Code 60510

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14125

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial) **REED COMMITTEE**

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB23.14153

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Roskam for Congress

Mailing Address 423 W. Wesley Street

City
Wheaton

State
IL

Zip Code
60187

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: SB23.14134

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City
PEORIA

State
IL

Zip Code
61612

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Transaction ID: SB23.14132

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

STIVERS FOR CONGRESS

Mailing Address 81 S FIFTH STREET

City
COLUMBUS

State
OH

Zip Code
43215

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.14131

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 40385

City
WASHINGTON

State
DC

Zip Code
20016

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.14149

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

35000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Committee to Elect Michael Keenan

Mailing Address 865 Macon Alley

City
Columbus

State
OH

Zip Code
43206

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District:

Transaction ID: SB29.14139

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	0	8

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00